



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

(502) 564-3296 ext. 225

<http://psycho.ky.gov>

P.O. Box 1360
Frankfort, Kentucky 40602

REPORT OF INTERNSHIP

Applicant: _____
(Name)

To qualify for the status "Health Service Provider", the candidate must have completed a one-year internship at a program site acceptable to the Board. This experience must total 1800 hours with at least one hundred (100) hours of supervisory sessions distributed over the year. The candidate is also required to complete one calendar year of post doctoral supervised experience. This experience must total 1800 hours with at least one (1) hour of individual face to face supervision on a weekly basis. The candidate is referred to 201 KAR 26:190 for further information regarding the requirement for supervised professional experience.

INTERNSHIP AGENCY:

TYPE OF PLACEMENT:

SUPERVISOR'S NAME AND CREDENTIALS (INDICATE STATE IN WHICH HE/SHE IS LICENSED):

NAME	STATE	LIC. NUMBER
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NUMBER OF HOURS PER WEEK: _____ NUMBER OF HOURS FOR THE YEAR _____

STARTING DATE: _____ ENDING DATE: _____

TOTAL NUMBER OF HOURS OF INDIVIDUAL SUPERVISION: _____

DESCRIPTION OF DUTIES: _____
